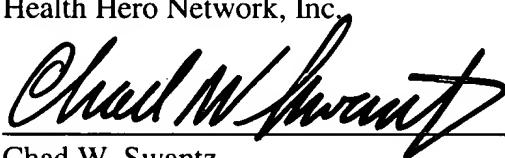


While it is believed that no fees are necessary, the Commissioner is hereby authorized to grant any needed extension of time and to charge any additional fees which may be required for this filing, or credit any overpayment to Deposit Account No. 50-3831.

Please address all correspondence to: **CUSTOMER NO. 60683**
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(650) 779-2100 (TELECOPIER)

DATED: February 23, 2007

Respectfully Submitted,

Health Hero Network, Inc.
By 
Chad W. Swantz
Reg. № 46,329